

ORIGINAL

## CIVIL RIGHTS COMPLAINT

42 U.S.C. § 1983

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF NEW YORK

#4411501688

BERMVDEZ, Robin/son  
Full name of plaintiff/prisoner ID#

CV 15-3240

N.Y.P.D 102 Pct. Plaintiff,

Lt. EDMONDS Michael #930090

-against-

SGT. Peter JONATHAN #929700, INDIVIDUAL CAPACITY's

P.O. MATTHEW HYNES #940279

P.D. CHRISTOPHER D. STEFANO #950332

Enter full names of defendants.

[Make sure those listed above are  
identical to those listed in Part III.]

JURY DEMAND

YES  NO \_\_\_\_\_IN THE U.S. OFFICE  
U.S. DISTRICT COURT E.D.N.Y.

Defendants.

MATSUMOTO, J.

MANN, M.J.

BROOKLYN OFFICE

## I. Previous Lawsuits:

A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment? Yes ( ) No

B. If your answer to A is yes, describe each lawsuit in the space below (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)

## 1. Parties to this previous lawsuit:

Plaintiffs:

\_\_\_\_\_  
\_\_\_\_\_

Defendants:

\_\_\_\_\_  
\_\_\_\_\_2. Court (if federal court, name the district;  
if state court, name the county)\_\_\_\_\_  
\_\_\_\_\_

## 3. Docket Number: \_\_\_\_\_

4. Name of the Judge to whom case was assigned: \_\_\_\_\_

5. Disposition: (for example: Was the case dismissed? Was it appealed? Is it still pending?)  
\_\_\_\_\_

6. Approximate date of filing lawsuit: \_\_\_\_\_

7. Approximate date of disposition: \_\_\_\_\_

II. Place of Present Confinement: V.C.B.C. NycDOC,

A. Is there a prisoner grievance procedure in this institution? Yes  No

B. Did you present the facts relating to your complaint in the prisoner grievance procedure? Yes  No

C. If your answer is YES,

1. What steps did you take? \_\_\_\_\_

\_\_\_\_\_

2. What was the result? \_\_\_\_\_

D. If your answer is NO, explain why not This FEDERAL  
CLAIM IS FOR Police BRUTALITY, etc, AL

E. If there is no prison grievance procedure in the institution, did you complain to prison authorities? Yes  No

F. If your answer is YES,

1. What steps did you take? \_\_\_\_\_

\_\_\_\_\_

2. What was the result? \_\_\_\_\_

\_\_\_\_\_

III. Parties:

(In item A below, place your name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of plaintiff MR BERMUDER, Robinson

Address 1 Halleck st, VCBC, BX, NY, 10474

(In item B below, place the full name and address of each defendant)

B. List all defendants' names and the addresses at which each defendant may be served. Plaintiff must provide the address for each defendant named.

Defendant No. 1

Lt. EDMONDS Michael #930090  
102ND Pct, 87-34 118th st  
RICHMOND HILL, NY 11418

Defendant No. 2

sgt. Peter Jonathan 929700  
102ND Pct. 87-34 118th st  
RICHMOND HILL, NY, 11418

Defendant No. 3

Police Officer Matthew Hyne # 940279  
102ND Pct 87-34 118th st  
RICHMOND HILL, NY 11418

Defendant No. 4

Police Officer Christopher Di Stefano 950332  
102ND Pct 87-34 118th st  
RICHMOND HILL, NY, 11418

Defendant No. 5

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

[Make sure that the defendants listed above are identical to those listed in the caption on page 1].

IV. Statement of Claim:

(State briefly and concisely, the facts of your case. Include the date(s) of the event(s) alleged as well as the location where the events occurred. Include the names of each defendant and state how each person named was involved in the event you are claiming violated your rights. You need not give any legal arguments or cite to cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. You may use additional 8 1/2 by 11 sheets of paper as necessary.)

Plaintiff files this 1983 for Police BRUTALITY excessive FORCE, ASSAULT & BATTERY by the NEW YORK Police Dept 102ND Pct. NAMED OFFICERS in this COMPLAINT/CLAIM, THAT ON MARCH 1st, 2015 ON/OR AROUND 2:30 AM, Police officers, SGT & Lt. NAMED ON CLAIM WAS ARRESTING Plaintiff & DURING SUCH ARREST USED EXCESSIVE FORCE Plaintiff WAS hit, KICKED, PUNCHED in the FACE HEAD & HELD ON THE FLOOR WITH SO MUCH PRESSURE THAT Plaintiff HAS PERMANENT SCAR ON LEFT SIDE OF HIS BODY, HEAD INJURY ALSO HAS SCAR & CAUSED BLEEDING IN EAR, Plaintiff WAS IN BOXERS AND NO OTHER clothes WERE ON AS the Police USED EXCESSIVE FORCE TO THE EXTREME VIOLATION 8th AMEND.

IV.A If you are claiming injuries as a result of the events you are complaining about, et.al describe your injuries and state what medical treatment you required. Was medical treatment received?

CLAIMANT was taken to JAMAICA HOSP. Medical Center EMERGENCY ROOM AND TREATED FOR HEAD INJURIES, ABRASIONS, INJURY OF FACE, LEFT ANKLE & KNEE INJURY WITH SCARRING ON BACK OF HEAD, LEFT SIDE OF FACE & LEFT SHOULDER SIDE OF KNEE AREA, HEAD INJURIES CAUSES THE NEED OF EAR DEVICES & ALSO GLASSES CLAIMANT ALSO HAD INBALANCE OF EQUILIBRIUM. CLAIMANT IS AWAITING COPY OF MEDICAL DOCUMENTS TO BE ABLE TO SHOW AS EXHIBIT/ MEDICATIONS REC'D

V. Relief:

State what relief you are seeking if you prevail on your complaint.

① For All officers involved to be REPRIMANDED  
& counseled

② Complaint is asking for the compensation  
of Monetary in the amount of  
Five Million Dollars 5,000,000.00<sup>\$</sup>

Mental anguish - 2 Million Dollars

Pain & Agony - 2 Million Dollars

Permanent Scarring - 1 Million Dollars Total ↴  
\$ 5,000,000.00<sup>\$</sup>

I declare under penalty of perjury that on 5/27/15, I delivered this  
(Date) complaint to prison authorities to be mailed to the United States District Court for the Eastern  
District of New York.

Signed this 27 day of May, 2015. I declare under penalty of  
perjury that the foregoing is true and correct.



Signature of Plaintiff

V.C.B.C. NYCDOC  
Name of Prison Facility

1 Halleck st    VCBC  
BX, NY, 10474

Address

4411501688

Prisoner ID#